

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008549

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2727

STATE FILE NUMBER

FILED MAR 14 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u> | | c. CITY OR TOWN <u>ST. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2855² Minnesota</u> | | d. STREET ADDRESS (If outside, give location) <u>2855² Minnesota</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Karl H. Duerr</u> | | 4. DATE OF DEATH Month Day Year <u>March 7, 1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 14, 1929</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | |
| 13a. FATHER'S NAME <u>Frederick Duerr</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sybil Schugel</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 17. INFORMANT Address <u>Elizabeth Duerr 2855² Minnesota</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Coma</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sen. old age</u> DUE TO (c) <u>Aspirin</u> | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1561</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>3-10-62</u> to <u>3-7-63</u> and last saw her alive on <u>3-7-63</u> . Death occurred at <u>4:36 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) <u>Wm. V. Huntzinger, M.D.</u> | | 22b. ADDRESS <u>3165 Animal</u> | |
| 22c. DATE SIGNED <u>3-8-63</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 23b. DATE <u>March 11, 1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>ST. Louis, Co. Mo.</u> | | 24. FUNERAL DIRECTOR <u>Witt Mortuary</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>MAR 8 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Van M. Sizemore

Licensed Embalmer No. _____

4343

P. O. Address _____

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.